

**CLEVELAND CLINIC FOUNDATION  
DEPARTMENT OF ANATOMIC PATHOLOGY/CYTOLOGY  
9500 EUCLID AVENUE DESK L-25  
CLEVELAND, OHIO 44195-5138  
(216) 444-9461, opt #1**

**LEGAL  
RE-CUTS**

Patient Name Zak, Erika Date Sent: 11/3/2020  
DOB 1980 S19-123485  
Requestor: Jamie Clemons  
Slides Released By: Michael Sheets  
Slides Sent To: CCF Law Department  
3050 Science Park Drive  
Beachwood, Ohio 44122  
Phone 216-448-0200

These are the only slides available from this case, or are the only sections that demonstrate diagnostically important features. These slides constitute an indispensable part of the patient's permanent medical record that must be maintained intact for medical-legal reasons. Please return all of the slides as soon as possible to the above listed address. Thank You. Unstained slides may be retained.

These are daughter blocks created from the patient's material for litigation purposes per your request on behalf of the patient. They may be retained for your files.

☒ These are recut slides of the originals provided for your request and may be retained for your files.

  
\_\_\_\_\_  
CCF PATHOLOGIST AUTHORIZATION:

Prohibition On Redisclosure: Various state and federal laws govern the disclosure and redisclosure of confidential records protected from disclosure by law. The enclosed information has been disclosed to you from confidential records protected from disclosure by law. You shall make no further disclosure of these information without the specific written and informed authorization of the individual to whom it pertains and the Cleveland Clinic Foundation (or as otherwise permitted by law). A general authorization for the release of medical or other information may not be sufficient for the purpose of the release of these information. If applicable, federal confidentiality rules (42 CFR PART 2) restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.

## ORS 192.566 Authorization Form

A health care provider may use an authorization that contains the following provisions in accordance with ORS 192.559:

### AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION

I authorize: Cleveland Clinic (Name of person/entity disclosing information)  
to use and disclose a copy of the specific health information described below regarding:

Erika Zak

(Name of Individual)

consisting of (describe information to be used/disclosed):

defense counsel to inspect the original pathology slides and/or obtain re-cuts by Cleveland Clinic of the pathology specimens from Ms. Zak's liver procedure on August 22, 2019.

to (name and address of recipient or recipients):

Betsy Baydala

Borgeest, & Ryan LLP, 120 Broadway, New York, NY 10271; (212) 994-6538

for the purpose of (describe each purpose of disclosure or indicate that the disclosure is at the request of the individual):

Litigation

If the information to be disclosed contains any of the types of records or information listed below, additional laws relating to the use and disclosure of the information may apply. I understand and agree that this information will be disclosed if I place my initials in the applicable space next to the type of information.

☐ HIV/AIDS Information  
☐ Mental Health Information  
☐ Genetic testing information  
☐ Drug/alcohol diagnosis, treatment, or referral information

I understand that the information used or disclosed pursuant to this authorization may be subject to redisclosure and no longer be protected under federal law. However, I also understand that federal or state law may restrict redisclosure of HIV/AIDS information, mental health information, genetic testing information and drug/alcohol diagnosis, treatment or referral information.

IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF MULTNOMAH  
1021 SW Fourth Avenue  
Portland Oregon 97204

In the Matter of the Estate of:

Case No: 20PB01603

Erika L Zak

Deceased

LETTERS OF ADMINISTRATION

**The court certifies that:**

No Will of Erika L Zak, deceased, has been proved.

Scott Powers has been appointed Personal Representative of the estate of the decedent with restrictions per court's order(s).

MAR 5 2020

Date



*Janice Moss*

Court Clerk (signature)

JANICE MOSS

Print Name

I certify that the Letters of Administration in this case are still in full force and effect and have not been revoked or set aside. I certify that this is a true, complete, and accurate copy of the original Letters of Administration filed in this case.

MAR 5 2020

Date



*Janice Moss*

Court Clerk (signature)

JANICE MOSS

Print Name

Ohio Department of Health  
VITAL STATISTICS  
CERTIFICATE OF DEATH

Primary Reg. Dist. No. 1801

State File No. 2019080326

Registrar's No. 1800-2019009417

DECEDENT	1 Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any)					2 Sex	3 Date of Death (Mo/Day/Year)
	ERIKA L ZAK					FEMALE	AUGUST 23, 2019
	4 Social Security Number	5a Age (Years)	5b Under 1 Year Months	5c Under 1 day Hours	5d Under 1 day Minutes	6 Date of Birth (Mo/Day/Year)	7 Birthplace (City and State or Foreign Country)
	REDACTED	39				1980	PORTLAND, OREGON
	8a Residence State		8b County		8c City or Town		
	OREGON		MULTNOMAH		PORTLAND		
	8d Street Address and Zip Code					9 Ever in US Armed Forces?	
	3523 N E MULTNOMAH STREET 97232					NO	
	10 Marital Status at Time of Death					11 Surviving Spouse's Name (If wife, give name prior to first marriage)	
	MARRIED					SCOTT POWERS	
	12 Decedent's Education					13 Decedent of Hispanic Origin	14 Decedent's Race
	BACHELORS DEGREE (E.G., BA, AB, BS)					NO	WHITE
	15 Father's Name					16 Mother's Name (prior to first marriage)	
	STANLEY ZAK					KATHY GUNDLE	
	17a Informant's Name					17b Relationship to Decedent	17c Mailing Address (Street and Number, City, State, Zip Code)
	SCOTT POWERS					HUSBAND	3523 N E MULTNOMAH STREET
	18a Place of Death					18b County of Death	
	HOSPITAL - INPATIENT					PORTLAND, OREGON 97232	
	18b Facility Name (If not institution, give street & number)					18c City or Town, State and Zip Code	18d County of Death
	CLEVELAND CLINIC FOUNDATION - H18					CLEVELAND, OH 44195	CUYAHOGA
DISPOSITION	19 Funeral Service Licensee or Other Agent					20 License Number (of licensee)	
	AARON A ESPOSITO					009060	
	21 Name and Complete Address of Funeral Facility					22 Method and Place of Disposition	
	MALLOY-ESPOSITO MEMORIAL					CREMATION - MALLOY MEMORIAL CREMATORY, CLEVELAND, OH	
CERTIFIER	23 Local Registrar					24 Date Filed (Month/Day/Year)	
	ANDREA KACINARI					AUGUST 27, 2019	
	25a Certifier (Check only one) <input checked="" type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Coroner or Medical Examiner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.						
	25b Time of Death					25c Date Pronounced Dead (Month/Day/Year)	25d Was Case Referred to Medical Examiner or Coroner?
CAUSE OF DEATH	02:03					AUGUST 23, 2019	NO
	26a Certifier Name and Title					26f License number	26g Date Signed (Month/Day/Year)
	HASHIMOTO KOJI MD					35.092224	AUGUST 26, 2019
	27 Name and Address of Person who Completed Cause of Death						
	HASHIMOTO KOJI, 9500 EUCLID AVENUE, CLEVELAND, OH 44195						
	28 Part I Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or brain failure. List only one cause on each line. Type or print in permanent blue or black ink.						
	Immediate Cause (final disease or condition resulting in death)					Approximate Interval Onset and Death	
	a CARDIOPULMONARY FAILURE					2 HRS	
	Sequentially list conditions, if any, leading to immediate cause.					2 HRS	
	b Due to (or as Consequence of) HEMORRHAGIC SHOCK					2 HRS	
	c Due to (or as Consequence of) LIVER TRANSPLANTATION					6 HRS	
	Enter Underlying Cause (Disease or injury that initiated events resulting in a death)					2 YRS	
	d Due to (or as Consequence of) LIVER FAILURE DUE TO CANCER TREATMENT					2 YRS	
	Part II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I					29a Was An Autopsy Performed?	
	MULTIPLE LIVER METASTASIS FROM COLON CANCER					NO	
						29b Were Autopsy Findings Available Prior To Completion Of Cause of Death?	
						NOT APPLICABLE	
	30 Did Tobacco Use Contribute to Death?					31 If Female, Pregnancy Status	
	UNKNOWN					NOT PREGNANT WITHIN LAST YEAR.	
						32 Manner of Death	
						NATURAL	
	33a Date of Injury (Mo/Day/Year)	33b Time of Injury	33c Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)			33d Injury at Work?	
	33e Location of Injury (Street and Number or Rural Route Number, City or Town, State)						
	33f Describe How Injury Occurred					33g If Transportation Injury, Specify	

HFA 2724 Rev 08/15

Andrea Kacinari, Registrar

OCT 10 2019

*Andrea Kacinari*